



RESERVATION FORM

PLEASE PRINT CLEARLY IN CAPITAL LETTERS. SUBMIT THIS FORM TO YOUR GROUP LEADER WITH YOUR PAYMENT.

GROUP NAME		GROUP LEADER			
STUDENT PARTICIPANT		ADULT PARTICIPANT		OFFICIAL CHAPERONE	
SURNAME (AS IT APPEARS ON THE PASSPORT)				DATE OF BIRTH <i>ex. 12 / APR / 1996</i>	
GIVEN NAMES (AS THEY APPEAR ON THE PASSPORT)				SEX (M/F)	
PASSPORT NATIONALITY (1)		PASSPORT NUMBER (2)		EXPIRY DATE (2) <i>ex. 12 / APR / 1996</i>	
HOME ADDRESS				HOME PHONE #	
CITY	STATE/PROV	ZIP/POSTAL CODE	PARTICIPANT'S EMAIL ADDRESS (3)		
DO YOU HAVE ANY ALLERGIES AND/OR MEDICAL CONDITIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>					
(IF YES PLEASE SPECIFY)					
DO YOU REGULARLY TAKE ANY PRESCRIPTION MEDICATION? YES <input type="checkbox"/> NO <input type="checkbox"/>					
(IF YES PLEASE SPECIFY)					
DO YOU HAVE ANY SPECIFIC DIETARY REQUIREMENTS? YES <input type="checkbox"/> NO <input type="checkbox"/>					
(IF YES PLEASE SPECIFY)					
DO YOU REQUIRE ANY SPECIAL ASSISTANCE? YES <input type="checkbox"/> NO <input type="checkbox"/>					
(IF YES PLEASE SPECIFY)					
EMERGENCY CONTACT #1					
NAME			RELATIONSHIP		
DAY TIME PHONE #		EVENING PHONE #		EMAIL (3)	
EMERGENCY CONTACT #2					
NAME			RELATIONSHIP		
DAY TIME PHONE #		EVENING PHONE #		EMAIL (3)	
AUTHORIZATION					
I have read the attached terms and conditions (reverse) and I accept them in whole and without condition. For minor participants, I hereby authorize my child to travel on a PROMÉTOUR tour. In the event of an emergency, I authorize PROMÉTOUR and its representatives to make any decisions concerning the well being of the participant named above.					
PARENT / LEGAL GUARDIAN SIGNATURE (4)		PRINTED NAME		DATE <i>ex. 12 / APR / 1996</i>	
PARENT / LEGAL GUARDIAN SIGNATURE (4)		PRINTED NAME		DATE <i>ex. 12 / APR / 1996</i>	
PARTICIPANT SIGNATURE		PRINTED NAME		DATE <i>ex. 12 / APR / 1996</i>	
<p>1 - IF YOUR PASSPORT IS NOT OF AMERICAN OR CANADIAN NATIONALITY, YOU ARE RESPONSIBLE FOR CHECKING WITH YOUR LOCAL CONSULATE TO VERIFY VISA REQUIREMENTS TO ENTER THE COUNTRY(IES) YOU ARE REGISTERING TO VISIT OR MAY BE PASSING THROUGH IN TRANSIT. FAILURE TO DO SO CAN LEAD TO REFUSAL OF TRAVEL WITH NO REFUND.</p> <p>2 - PASSPORT INFORMATION IS REQUIRED A MINIMUM OF 90 DAYS PRIOR TO DEPARTURE</p> <p>3 - IF YOU DO NOT WISH TO RECEIVE EMAIL UPDATES FROM PROMÉTOUR, PLEASE CHECK THIS BOX <input type="checkbox"/></p> <p>4 - WHENEVER POSSIBLE, PLEASE HAVE BOTH PARENTS / LEGAL GUARDIANS SIGN THIS FORM</p>					

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